

Southgate Urban District Council.

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**REPORT**  
OF THE  
**MEDICAL OFFICER OF HEALTH,**  
**FOR THE YEAR 1925,**

BY

**A. SIDNEY RANSOME,**  
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*Fellow of the Royal Institute of Public Health,*

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**MEDICAL OFFICER OF HEALTH,**  
TOGETHER WITH THE  
**ANNUAL REPORT**  
OF THE  
**SENIOR SANITARY INSPECTOR.**

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1926.

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# To the Chairman and Members of the Southgate Urban District Council.

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Report for the year 1925.

The Minister of Health requires a full and detailed report every five years, which is designated a "Survey Report." This is the second of such reports, and therefore contains such fuller information concerning the nature of the Public Health administration of the District, such as is required in a "Survey" Year.

The Report of the Sanitary Inspector, Mr. W. C. Kilby, is included, and which, as usual, constitutes an excellent record of good and useful sanitary work done by him and his assistants during the year. I am indebted to Dr. J. Tate, the County Medical Officer of Health, for statistics relating to School Clinics, Public Elementary Schools, and Tuberculosis Dispensaries. I also wish to acknowledge the valuable assistance of my clerk, Mr. Barber, in compiling this Report.

I am, Ladies and Gentlemen,

Your obedient Servant,

A. SIDNEY RANSOME.

May, 1926.

## PUBLIC HEALTH STAFF.

\*(Part time) Medical Officer of Health, B.A., M.B., B.C.,  
D.P.H.Camb.

\*(Whole ,, ) Senior Sanitary Inspector, A.R.S.I.

( ,, ,, ) First Assistant Inspector, Cert. R.S.I.

( ,, ,, ) Second Assistant Inspector, Cert. R.S.I.

( ,, ,, ) Clerk.

( ,, ,, ) Disinfecter.

\*( ,, ,, ) Health Visitor, S.R.N., C.M.B., R.S.I., H.V.

\*( ,, ,, ) Assistant Health Visitor, C.M.B., S.I., H.V.

\*(Part time) Medical Officer for Maternity Centres, M.B.,  
etc.

\*( ,, ,, ) Clerk for Maternity Centres.

( ,, ,, ) Veterinary Inspector, for the inspection of  
milch cows.

\*These officers' salaries are repaid to the Council, in part,  
by the Ministry or the County Council.



## NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

**T**HE Urban District of Southgate is formed by a number of hamlets, previously—and two of them, Southgate and Winchmore Hill, even now—called “villages.” It is partly situated on what is sometimes called the Northern Heights, about eight miles from London, and is now for the most part essentially suburban, of a residential character.

The District comprises an area of 3,597 acres, and may be said to consist of three valleys, running from west to east, the northern areas being somewhat higher than the southern, and the whole consisting of very undulating ground dipping off to a rather flat area on the eastern boundary, adjoining the Edmonton district. The highest Ordnance level is on the East Burnet Road, and is 302 feet; whilst the lowest is near the south-eastern boundary, and is 61 feet.

The subsoil consists of various clays with large pockets of gravel and sand. On the south side is a bed of brick earth overlying a deep bed of gravel, which forms excellent building land, on which a building estate has been partially developed. Beneath these strata are beds of London clay, black sand, and chalk, more or less water-bearing, and from which the deep wells and borings of the Metropolitan Water Board derive their supply.

The District may be roughly divided into four localities: (1) Southgate, (2) Winchmore Hill, (3) a large part of New Southgate and Bounds Green, and (4) Palmers Green and a large part of Bowes; hitherto more or less distinct localities, but which have now become merged one into the other, more especially the two latter.

The District is now, however, more conveniently dealt with in the two county divisions of North and South Southgate, the dividing line of which passes from the Edmonton boundary in Hedge Lane, along Hedge Lane, and up Bourne Hill to Chase Side Corner, Southgate. This is a more or less natural boundary line, with the major part of Southgate and Winchmore Hill, the more rural part of the District, on the

north side of the line, and Palmers Green, Bowes Park, and New Southgate, the more urban parts of the District, on the south side.

For the purposes of local administration the District was in 1906 divided into four wards, which correspond roughly with the four localities above-mentioned, two wards in North Southgate and two in South Southgate.

The District is largely an essentially residential one, and the greater part of the inhabitants are engaged in a professional or business capacity in the Metropolis. There are very few really poor.

The few factories include Gasworks, Dyeing and Cleaning Works, a Colour Works, a Photographic Plate Works, an Enamelled Sign Works, an Engineering Works, and a Clothing Factory. These give employment in normal times to nearly 650 hands.

## **POPULATION.**

The Registrar-General's estimate for the year 1925 is 39,860, a nett increase, since the census of 1921, when the corrected population was found to be 38,900, of only 960.

In the light of the following data the Registrar-General's figure appears to underestimate the population.

The number of occupied houses on census night, 1921, was 8,961, which gave an average of 4.34 persons per house, while the number of occupied houses at the middle of 1925 was 10,681, an increase of 1,720, and the natural increase of the population since 1921 was 471.

From the evidence of the Rate Collectors, Sanitary Inspectors, and all officials having occasion to visit all the houses in the district from time to time, it appears that there is little or no decrease at all in the amount of sub-letting. In some roads, with houses containing 7 to 8 or more rooms, this sub-letting appears to be on the increase. The general experience of the Rate Collectors is that rooms

vacated by persons who have been successful in obtaining other accommodation are again let to persons less favourably placed, and in a large number of cases from without the district. Moreover, in 300 consecutive inspections by the Sanitary Inspectors during 1925, and from personal knowledge of 85 other houses of all classes in all parts of the district, the average number of persons per house was found to be 4.4. There is no evidence, therefore, that the average number of persons per house has materially declined since the last census.

However, to be on the conservative side and making full allowance for migration within the district, and taking into consideration all the factors, I calculate the population to be not less than 41,800 at the middle of 1925.

This gives an average of 3.9 persons per occupied house, which makes full allowance for migration within the district, and I have based my statistics on this figure.

The natural increase of the population by excess of births over deaths, for the year 1925, was 67, as against 100.

### **BIRTHS—BIRTH-RATE.**

The nett total of births accredited to this District is 461, a decrease of 16 on the preceding year; of these, 248 were males and 213 females (10 males and 7 females being illegitimate). The birth-rate was therefore 11.03 per 1,000 of the population.

#### **1921—1925.**

	BIRTHS.			BIRTH-RATES.	
	Males.	Females.	Total.	South-gate.	England & Wales.
1921	296	307	603	15.4	22.4
1922	263	267	530	13.1	20.6
1923	276	246	522	12.88	19.7
1924	236	241	477	11.55	18.8
1925	248	213	461	11.03	18.3



## MORTALITY.

**General Mortality and Death-rate.**—The nett number of deaths accredited to this District was 393.

This gives a crude death-rate of 9.4 per 1,000 of the population.

The “factor for correction” of the crude death-rate of this district, for comparison with the rates of other districts, is stated by the Registrar-General to be 0.940. The corrected death-rate, therefore, for the past year was 8.8, a decrease of 0.3 on the rate for the previous year.

As compared with the year 1924, there were increases of 5 deaths from influenza, of 11 from cancer, of 5 from cerebral hæmorrhage, of 4 from diarrhœa, of 4 from appendicitis, of 3 from cirrhosis of liver, and of 24 from other diseases, while there were decreases of 12 deaths from pneumonia, of 7 from other respiratory diseases, of 11 from violence, of 4 from heart disease, and of 6 from other diseases.

### 1921—1925.

	DEATHS.	DEATH-RATES.	
		South-gate.	England & Wales.
1921	307	7.8	12.1
1922	405	10.0	12.9
1923	343	8.4	11.6
1924	377	9.1	12.2
1925	393	8.8	12.2

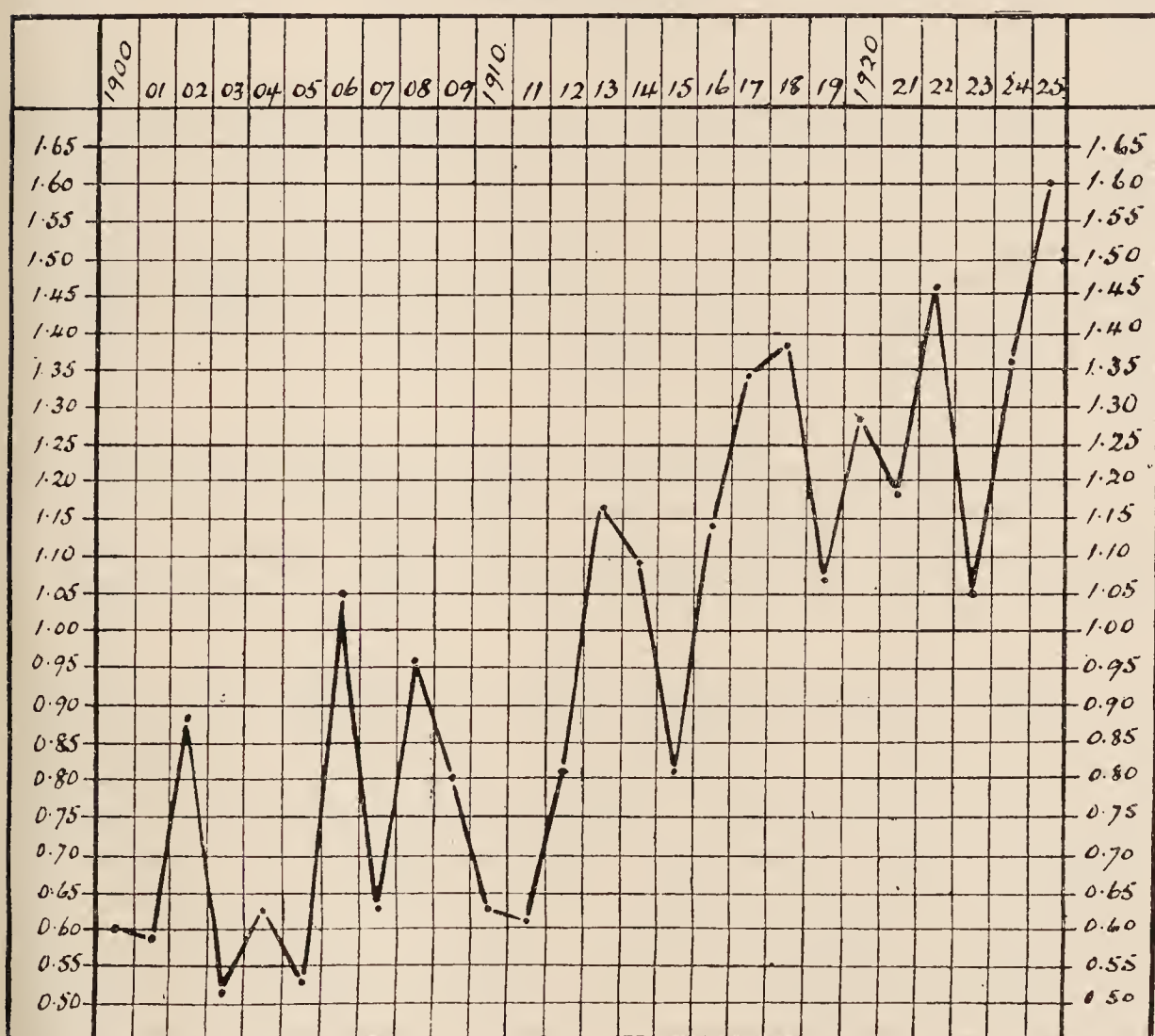
With regard to deaths from cancer, the following table shows how the death-rate from this cause has been, on the whole, steadily increasing during the last 25 years, in common with the country generally.

The reason of this has not as yet been definitely determined, but it appears to have some general relation to habits and customs as regards modes of life and diet which accompany advancing civilisation; so that to reduce this



mortality, it would appear that it behoves the community as a whole, and everyone individually, to pay more attention to the physiological laws of health in the widest sense.

**CANCER DEATH-RATES per 1,000 of population,  
1900—1925.**



**Infantile Mortality.**—There were 17 deaths of infants under 1 year of age (4 of them illegitimate), which gives an infantile death-rate of 36.8 per 1,000 births registered.

**1921—1925.**

		Rates per 1,000 Births.	
Infant Deaths.		South-gate.	England & Wales.
1921	22	36.4	83
1922	30	56.6	77
1923	21	40.2	69
1924	27	56.6	75
1925	17	36.8	75

In Table II. are set forth the causes of death of infants under 1 year of age (in weeks and months), from which it will be seen that 35.3 per cent. of the deaths were of newly-born infants in the first week of life, and were due to premature birth, want of attention at birth, and debility from birth. It should also be noted in this connection that there were 16 still-births notified.

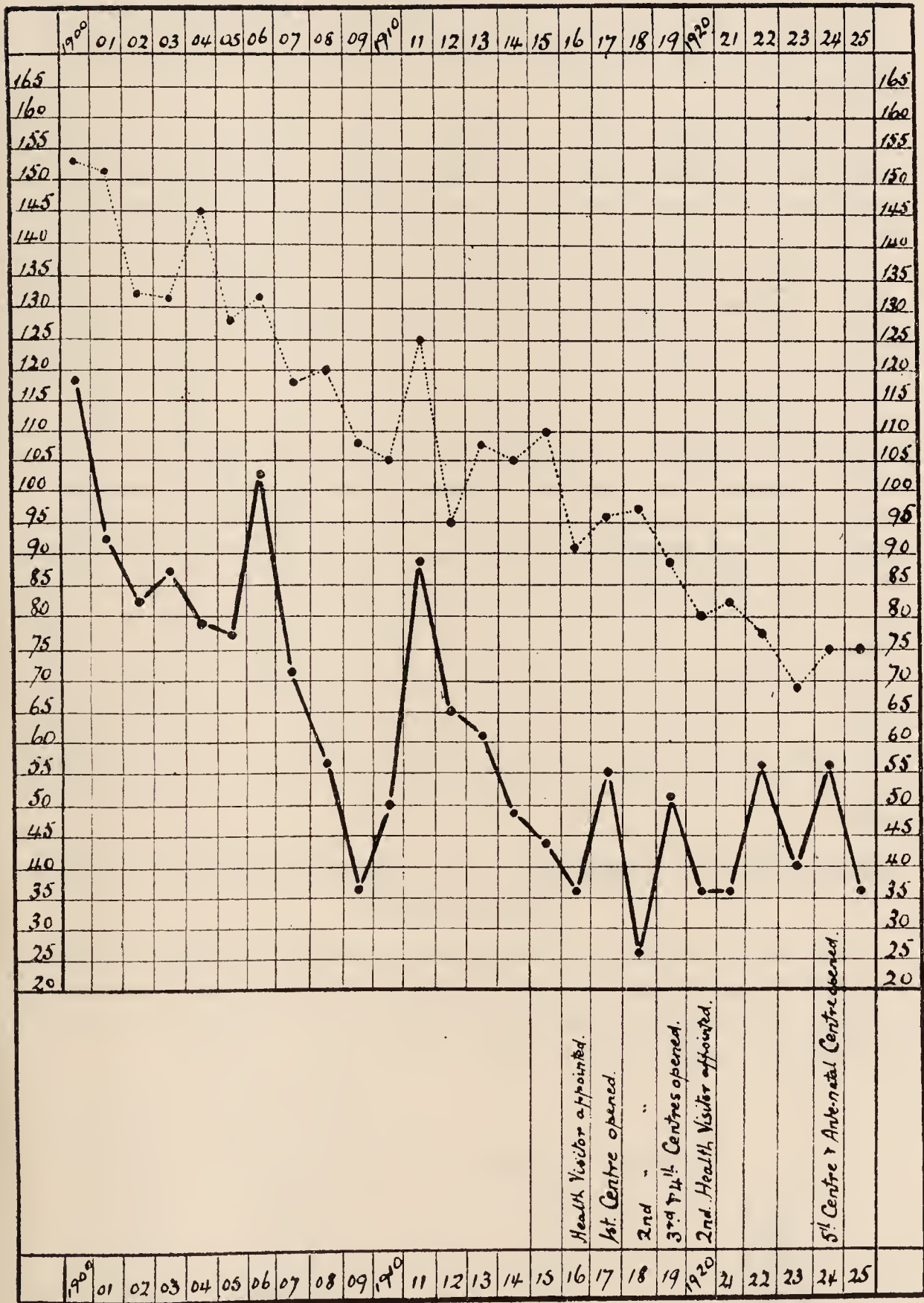
There are many factors which influence mortality during the first week of life, some of which are beyond the scope of Public Health Authorities' direct influence, such as heredity, the physical, mental and moral status and habits of both parents, the economic conditions under which they live, and midwifery conducted unskilfully or under unfavourable surroundings.

Improvement in these directions can only be looked for in the gradual education and enlightenment of the public in general, in the drawing away from bad tradition, and in a more eugenic consideration of the question of marriage.

The extreme importance of the ante-natal care of prospective mothers in all classes of the community is, there is reason to think, receiving more recognition generally than has hitherto obtained. Prospective mothers are being taught to place themselves under medical care during their pregnancy, though there is still room for improvement in this respect, both as regards general practitioners and prospective mothers. To aid in this matter, a separate ante-natal clinic in connection with the maternity and child welfare centres has been established and is now being held twice monthly at Broomfield House, Palmers Green, commencing in January, 1924, which should yield improving results as time goes on, not only as regards the actual ante-natal supervision and advice given, but from propaganda work emanating from the ante-natal clinic, and health visiting.

# INFANTILE MORTALITY per 1,000 Births, 1900-1925.

England and Wales thus .....; Southgate . — .



This chart shows in a graphic way how the infantile



mortality rate has been steadily dropping since the beginning of this century, not only in this district, but in the country as a whole, and that there have been during this period powerful influences and factors operating in this direction, other than infant welfare and ante-natal work, which were not instituted until the latter part of this period.

The question of the causes of the steady reduction of infantile mortality since the beginning of the century is a complex one, and no one individual hygienic measure by itself can be credited with what has been and is occurring.

This is not in any way to decry infantile and ante-natal work, which is undoubtedly doing a great deal of good, but merely to place it in its proper relation to other factors and influences which are also at work, although not in so tangible and demonstrable a form. The effect of this work should not be expected to show itself in any sudden dramatic fall in the infantile and maternal mortality rates. It should rather show its chief effects later on, in the next and future generations, in an increased standard of health and efficiency in the community as a whole, so that the "C3" class which now predominates will be gradually reduced, and the "A1" class correspondingly increased, until such a time as the majority of the community will be included in the latter class. It will continue to have its influence amongst other factors in continuing to still further reduce the infantile and maternal mortality rates.

### **Mortality of "Toddlers," i.e., Children between 1 and 5 years of age.**

It is of interest to note that amongst children of 1 to 5 years of age there were 9 deaths during 1925, which represent a corrected death-rate of 0.19 per 1,000 of the total population, and 2.3 per cent. of the total deaths.

	Toddler Deaths.	Death-rate per 1,000 population.	Per cent of Total Deaths.
1921	8	0.20	2.6
1922	7	0.17	1.7
1923	6	0.14	1.7
1924	8	0.19	2.1
1925	9	0.19	2.3



**Senile Mortality.**—Among persons of 70 years of age and over, 156 deaths occurred, and, of these, 60 were between 80 and 90 years of age. This is a proportion of 39.6 per cent. of the total number of deaths at all ages.

**Zymotic Mortality.**—This includes the deaths from the seven principal Zymotic diseases, viz.:—Smallpox, Scarlet Fever, Diphtheria, Enteric Fever, Measles, Whooping Cough, and Diarrhœa. The rate affords useful evidence as to the general healthiness of the District, and as to the efficiency of its sanitary administration. There were 7 deaths from these diseases, as follows:—Scarlet Fever, 0; Diphtheria, 2; Enteric Fever, 0; Measles, 0; Whooping Cough, 1; and Diarrhœa, 4. The Zymotic death-rate was therefore 0.16 per 1,000 of the population.

The average rate for the 10 years, 1916-1925, was 0.16.

**The Public Mortuary.**—During the year 17 bodies were deposited in the Mortuary.

Table I.

CAUSES OF DEATH DURING THE YEAR 1925.

CAUSES OF DEATH.	Male.	Female.	Total.
<i>All Causes</i> (Civilians only) .. ..	184	209	393
1 Enteric Fever .. ..	..	..	..
2 Small-pox .. ..	..	..	..
3 Measles .. ..	..	..	..
4 Scarlet Fever .. ..	..	..	..
5 Whooping Cough .. ..	..	1	1
6 Diphtheria .. ..	1	1	2
7 Influenza .. ..	11	8	19
8 Encephalitis Lethargica .. ..	..	..	..
9 Meningococcal Meningitis .. ..	1	..	1
10 Tuberculosis of Respiratory System .. ..	8	12	20
11 Other Tubercular Diseases .. ..	3	2	5
12 Cancer, Malignant Disease .. ..	27	40	67
13 Rheumatic Fever .. ..	..	..	..
14 Diabetes .. ..	3	6	9
15 Cerebral Hæmorrhage, etc. .. ..	8	15	23
16 Heart Disease .. ..	30	39	69
17 Arterio-Sclerosis .. ..	13	12	25
18 Bronchitis .. ..	7	7	14
19 Pneumonia (all forms) .. ..	11	4	15
20 Other Respiratory Diseases .. ..	4	..	4
21 Ulcer of Stomach or Duodenum .. ..	2	1	3
22 Diarrhœa, etc. (under 2 years) .. ..	3	1	4
23 Appendicitis and Typhlitis .. ..	2	3	5
24 Cirrhosis of Liver .. ..	2	2	4
25 Acute and Chronic Nephritis .. ..	4	4	8
26 Puerperal Sepsis .. ..	..	..	..
27 Other Accidents and Diseases of Pregnancy and Parturition .. ..	..	2	2
28 Congenital Debility, Malformation, and Premature Birth .. ..	5	5	10
29 Suicide.. ..	4	1	5
30 Other Deaths from Violence .. ..	2	1	3
31 Other defined Diseases .. ..	33	42	75
32 Causes ill-defined or unknown .. ..	..	..	..
Totals .. ..	184	209	393

Table Ia.

Deaths from all causes, divided as to sex and certain age groups, and showing a percentage of total deaths and death-rate per 1,000 of population for each group.

1925.

Age.	MALES.			FEMALES.			TOTALS.		
	No.	% of Total Deaths.	Rate per 1,000	No.	% of Total Deaths.	Rate per 1,000	No.	% of Total Deaths.	Rate per 1,000
0—1 year ..	10	2.5	0.2	7	1.8	0.16	17	4.3	0.36
1—5 years ..	4	1.0	0.09	5	1.3	0.1	9	2.3	0.19
5—15 „	5	1.3	0.1	2	0.5	0.05	7	1.8	0.16
15—25 „ ..	5	1.3	0.1	10	2.5	0.2	15	3.8	0.3
25—45 „ ..	15	3.8	0.3	16	4.1	0.38	31	7.9	0.68
45—65 „ ..	52	13.2	1.2	60	15.3	1.2	112	28.5	2.5
65 and over	93	23.7	2.1	109	27.7	2.5	202	51.4	4.7
Total ..	184	46.8	4.1	209	53.2	4.7	393	100.0	8.8

**Table II.**  
**Infantile Mortality, 1925.**

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSES OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year.
<i>All Causes</i>	...	9	..	1	1	11	1	5	..	..	17
Small-pox	...										
Chicken-pox	...										
Measles	...										
Scarlet Fever	...										
Whooping Cough	...	..	..	..	..	..	.	1	..		1
Diphtheria and Croup	..										
Erysipelas	...										
Tuberculous Meningitis	...										
Abdominal Tuberculosis	..										
Other Tuberculous Diseases	...										
Meningitis ( <i>not Tuberculous</i> )											
Convulsions	...										
Laryngitis	...										
Bronchitis	...										
Pneumonia	...	..	..	..	..	..	1	1	..	..	2
Diarrhœa	...	..	..	..	..	..	..	..	..	..	..
Enteritis	...	..	..	1	..	1	..	1	..	..	2
Gastritis	...										
Syphilis	...										
Rickets	...										
Suffocation	...										
Want of Attention and Injury at Birth	...										
Atelectasis	...	1	..	..	..	1		..	..	..	1
Congenital Malformations	...	..	..	..	..	..		1	..	..	1
Premature Birth	...	7	..	..	..	7		..	..	..	7
Atrophy, Debility and Marasmus	...	1	..	..	..	1		1	..	..	2
Other Causes	...	..	..	..	1	1		..	..	..	1
Totals		9	..	1	1	11	1	5	..	..	17



## GENERAL STATISTICS.

Area (acres) ... ..	3,597
Population (1925) ... ..	41,800
*Number of inhabited houses (1921) ...	8,961
*Number of families or separate occupiers (1921)	9,759
Rateable value (1925) ... ..	£364,642
Sum represented by a penny rate (1925) ...	£1,446

EXTRACTS FROM VITAL STATISTICS OF  
THE YEAR.

			Total.	Male.	Female.		
Births	{ Legitimate	...	444	238	206	} Birth Rate (R.G.),	11·03
	{ Illegitimate	...	17	10	7		
			<hr/>	<hr/>	<hr/>		
Totals		...	461	248	213	Death Rate (R.G.),	8·8

## Deaths—

Number of women dying in, or in consequence of, childbirth—

From Sepsis ... ..	—
„ Other causes... ..	2

Deaths of Infants under 1 year of age ;

Legitimate, 13 ; Illegitimate, 4 ; Total, 17, equals 36·8  
per 1,000 Births.

Deaths from Measles (all ages) ...	—
„ „ Whooping Cough (all ages)	1
„ „ Diarrhoea (under 2 years of age) ... ..	4

\*Census 1921.

**Table III.**  
**VITAL STATISTICS OF WHOLE DISTRICT DURING 1925 AND FIVE PREVIOUS**  
**YEARS.**

YEAR.	Population esti- mated at Middle of each Year.	Nett Births belonging to District.		Nett Deaths belonging to the District.			
				At all Ages.		Under 1 Year of Age.	
		Number.	Rate per 1,000 Population.	Number.	Rate per 1,000 Population.	Number.	Rate per 1,000 Nett Births.
1	2	3	4	5	6	7	8
1920 ..	40,550	699	17·0	355	8·7	25	35·7
1921 ..	39,000	603	15·4	307	7·8	22	36·4
1922 ..	40,200	530	13·1	405	10·0	30	56·6
1923 ..	40,500	522	12·88	343	8·4	21	40·2
1924 ..	41,200	477	11·55	377	9·1	27	56·6
1925 ..	41,800	461	11·03	393	8·8	17	36·8

Table IV.

Comparison of the Rates of the Southgate District with those of England  
and Wales and London, for the Year 1925.

	Birth-rate per 1,000 Population.	Death-rates per 1,000 Population.						Death-rate, under 1 year, per 1,000 births.
		All Causes.	Enteric Fever.	Scarlet Fever.	Diph- theria.	Measles.	Whooping Cough.	
England & Wales	18.3	12.2	0.01	0.03	0.07	0.13	0.15	75
London ..	18.0	11.7	0.01	0.02	0.11	0.08	0.19	67
Southgate ..	11.03	8.8	0.00	0.00	0.05	0.00	0.02	36.8

## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

It will be seen from Table V. that 198 cases of infectious diseases were notified during the year, as against 181 in 1924, 139 in 1923, 310 in 1922, and 357 in 1921.

These 198 cases represent infection in 186 houses. In all cases disinfectants were supplied, instructions given as to the carrying out of isolation as efficiently as possible in cases of non-removal to the hospital, and the sanitary condition of the premises inspected.

In 16 houses sanitary defects were found, consisting chiefly of defective water-closets, dampness, and want of cleansing. These defects have all been remedied under the supervision of the Sanitary Authorities.

The notification of these diseases was the means of causing the inspection, apart from the ordinary inspections, of 118 premises, and the remedying of insanitary conditions in 16.

No case of overcrowding was met with in any of the houses inspected in connection with infectious disease.

Fifty-nine cases were removed to the Isolation Hospital at Palmers Green. Of these, 43 were Scarlet Fever, 13 Diphtheria, 1 Typhoid Fever, 1 Puerperal Fever, and 1 Mumps. In addition, 3 cases of Scarlet Fever were admitted from amongst the staff.

**The Infectious Sickness Rate** of the District was 4.7 per 1,000 of the population, as against 4.4 in 1924, 3.4 in 1923, 7.9 in 1922, and 9.0 in 1921.

**Methods of Disinfection and Disinfestation.**—For disinfection of rooms “Formalin” is used (a) by spraying and (b) by fumigation with lamps.

The Council have at the Isolation Hospital site a Thresh’s steam disinfector, which is used for the disinfection of articles of clothing, bedding, etc., consequent upon cases of infectious disease.



The Council were given powers by their private Act to enforce the occupiers of infested premises to cleanse and disinfest them. A supply of sulphur candles is at all times available to applicants at the Public Health Department, but requests for assistance in this respect are very few.

**Middlesex County Public Libraries.**—The Middlesex County Council has established public libraries at certain schools in this district, and in connection therewith, arrangements have been made to acquaint the Secretary of the Libraries of all cases of infectious disease notified to the Medical Officer of Health, as well as the date on which the disinfection of the premises is carried out. Further arrangements have been made to disinfect all library books in the possession of borrowers residing at infected houses. A certificate of disinfection is issued with each book, authorising the Librarian at the appropriate branch library to place the book again in circulation.

During the year, 40 such books were disinfected.

### **Laboratory Work.**

Pathological and bacteriological examinations have been carried out during the year by the Clinical Research Association by arrangement with the District Council. The Association supply Medical Practitioners with diagnosis outfits as required.

During the year, 307 specimens were sent, and reports received as follows:—

Disease Suspected.	Positive.	Negative.	Total.
Diphtheria ...	35	161	196
Typhoid Fever ...	2	8	10
Phthisis ...	23	78	101
Total ...	60	247	307

**Diphtheria Antitoxin** is always kept in stock at the Public Health Department at the Town Hall and is issued to all medical practitioners on application at any time.

**Handbills Concerning Infectious Diseases.**—Handbills giving instructions as to the danger of, and precautions to be taken to avoid spreading infection in, cases of Measles and Whooping Cough, are always kept in readiness, and have been left at all houses where these diseases were present. The necessary knowledge as to where the diseases are present is supplied to me chiefly by the School Authorities.

This system of notification of non-notifiable diseases by the School Authorities, instituted in 1898, continues to work as satisfactorily as can be expected.

### **Infectious Diseases.**

**Small-pox.**—No cases were notified. Five cases of “contacts” with Small-pox were notified and were kept under observation.

With regard to the provision for the effective isolation of cases of Small-pox, Southgate is one of the thirteen Councils comprised in the district of the Middlesex Joint Small-pox Hospital Board, by which the Clare Hall Small-pox Hospital has been purchased for the use of the inhabitants of the constituent districts.

No private vaccinations or re-vaccinations by me under the Public Health (Small-pox Prevention) Regulations, 1917, have been required.

**Scarlet Fever.**—Although the number of cases notified during 1925 shows an increase over those of 1924 and 1923, there was, in comparison with other years, a small incidence of this disease, and the type of the disease was, generally speaking, very mild. There were no deaths.

Only 68 cases were notified, as against 45 in 1924, 50 in 1923, 190 in 1922, and 224 in 1921.

Six cases were “imported,” three were “secondary” cases occurring in houses from which previous cases had been notified, three were “return” cases from houses to which previous cases had returned directly or indirectly after discharge from the Isolation Hospital, and one was a case of re-infection shortly after discharge from Hospital.

Forty-three cases were removed to the Isolation Hospital. Twelve cases were notified as occurring amongst the staff of the Northern Hospital, and there were three cases amongst the staff of the Southgate Isolation Hospital.

**Diphtheria.**—This disease was slightly more prevalent throughout the District during the past year than during 1924. Twenty-one cases were notified, as against 18 in 1924, 14 in 1923, 31 in 1922, and 50 in 1921.

There were five “secondary” cases, and four were notified as occurring amongst the staff of the Northern Hospital.

Thirteen cases were removed to the Isolation Hospital.

There were two deaths, both at the Isolation Hospital.

**Typhoid Fever.**—Two cases were notified.

	1921	1922	1923	1924	1925
Notified Cases	1	1	2	6	2
Deaths	—	—	—	2	—

One case was removed to the Isolation Hospital, but this proved subsequently to be a case of acute ulcerative colitis, and the patient died.

**Tuberculosis.**—The number of cases of Phthisis notified under the Public Health (Tuberculosis) Regulations, 1912, was 53. The cases of other forms of Tuberculosis notified numbered 12. In addition to these notified cases 11 new patients were entered on the register (10 pulmonary cases and 1 non-pulmonary), who were new residents in the district, and had been previously notified elsewhere.



		1921	1922	1923	1924	1925
Notified Cases.	{ Pulmonary	35	30	24	31	53
	{ Non-Pulmonary	4	4	8	5	12
Deaths		32	29	21	25	25

There were 25 deaths, 8 of which were cases that had not been previously notified—a ratio of 32.0 per cent.

With regard to the efficiency of notification of Tuberculosis in the District:—

- (1) Sometimes, though not often, the first intimation of the occurrence of a case of Tuberculosis is received through the notification of the patient's admission to or discharge from a sanatorium.
- (2) It appears that sometimes practitioners refrain from notifying certain cases, with the object of safeguarding their patients from possible annoyance from official visits or from a knowledge as to the actual cause of illness.

Further regulations made by the Minister of Health relating to the notification and registration of cases of Tuberculosis came into operation on the 1st January, 1925, and contained the following provisions:—

It is required of the Medical Officer of Health that all cases coming to his knowledge other than by proper notification, shall be added to the register, enquired into and, if possible, a formal notification obtained from the doctor in attendance, or in the case of the death of an un-notified case an explanation of the circumstances, and the reasons for not notifying, from the certifying practitioner.

Cases that have been classed as cured for not less than five years for pulmonary cases and three years for non-pulmonary cases may be removed from the register, as also may cases in which it is agreed that the diagnosis of tuberculosis is not established.



Also, in addition to the statement of notifications received, forwarded weekly to the County Medical Officer since the disease was made compulsorily notifiable in 1912, a quarterly review of the register is now made to that officer. This quarterly return must show the number of cases on the register at the beginning of the quarter, the number of new cases added (by primary notification or otherwise, such as the removal of a patient into the district who had been previously notified elsewhere), the number of cases removed from the register during the quarter, and the number remaining on the register at the end of the quarter, sub-divided as to sex and into pulmonary and non-pulmonary groups. A further statement is made giving full identifying particulars, together with the reason for removal, of all cases removed from the register.

To enable this return to be completed accurately and as punctually as possible at the end of each quarter, the entire register was thoroughly revised and re-compiled on the card system.

By a regulation which came into operation on the 31st July, 1925, patients suffering from pulmonary tuberculosis may not be allowed to follow any employment entailing contact with milk in any way. The Council are empowered to serve a seven days' notice on any patient so employed, to cease his employment, and the Council may pay compensation for any hardship caused thereby.

Only two such cases, both milk carriers, have occurred in this District. In one, the patient is too ill to follow any employment at all, and the other patient has not recovered sufficient strength to be able to resume his roundsman's work, but is now engaged in clerical duties in the office of his firm, and collecting weekly accounts.

TABLE V.

Tuberculosis.								
Age Periods	*New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M	F	M	F	M	F	M	F
Under 1 year	..	..	..	..	..	..	..	..
1- 5 years	..	..	1	..	..	..	..	..
5-10   ,,	..	1	3	..	..	..	..	..
10-15   ,,	..	1	..	..	..	..	..	..
15-20   ,,	4	2	..	1	..	..	..	..
20-25   ,,	4	2	2	..	1	2	..	..
25-35   ,,	6	13	2	1	3	4	1	1
35-45   ,,	12	3	1	..	1	2	..	..
45-55   ,,	6	4	..	..	1	3	..	..
55-65   ,,	2	1	1	1	1	..	1	1
65 and over	2	..	..	..	1	1	1	..
Totals   ..	36	27	10	3	8	12	3	2

## Tuberculosis—Register of Cases.

	Pulmonary.		Non-Pulmonary.		Total.
	M	F	M	F	
Cases on Register, 31/12/24   ..	51	45	9	10	115
*New Cases added           ..   ..	36	27	10	3	76
Cases removed from Register   ..	21	22	4	1	48
Remaining on Register, 31/12/25	66	50	15	12	143

\* These figures include all cases notified by the Tuberculosis Officer and others as having removed into the District, etc.

Table VI.

## Notified Cases of Infectious Diseases, 1925.

DISEASE.	At all Ages.	Under 1 yr.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over.	Cases removed to Hospital.	Total Deaths.
Diphtheria ..	21	..	..	1	..	2	5	3	6	2	1	1	..	13	2
Scarlet Fever ..	68	..	..	..	1	12	24	14	12	12	1	1	..	43	..
Enteric Fever ..	2	..	..	..	..	..	..	..	..	..	1	..	..	1	..
Puerperal Fever ..	1	..	..	..	..	..	..	..	..	1	..	..	..	1	..
Erysipelas ..	10	..	..	..	..	..	..	..	1	2	..	5	..	..	..
Ophthalmia Neonatorum ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis Lethargica ..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Acute Poliomyelitis ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-spinal Meningitis ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Malaria ..	..	..	1	..	..	..	..	..	1	4	2	9	1	..	..
Pneumonia ..	28	..	1	1	1	2	6	..	..	..	..	..	..	..	15
Tuberculosis:—															
Pulmonary { M	30	..	..	..	..	..	..	1	4	9	8	7	2	..	8
F	23	..	..	..	..	..	..	1	2	14	2	4	..	..	12
Total	53	..	..	..	..	..	..	2	6	23	10	11	2	..	20
Non-Pulmonary { M	9	..	..	1	..	..	3	..	..	3	1	1	..	..	3
F	3	..	..	..	..	..	..	..	1	1	..	1	..	..	2
Total	12	..	..	1	..	..	3	..	1	4	1	2	..	1	5
Mumps ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Totals ..	198	..	1	3	2	8	38	19	27	49	18	30	3	59	42

Table Vla.

CASES OF INFECTIOUS DISEASE NOTIFIED EACH MONTH OF THE YEAR 1925.

NOTIFIABLE DISEASES.	Scarlet Fever.	Diphtheria.	Typhoid Fever.	Puerperal Fever.	Erysipelas.	Acute Poliomyelitis	Encephalitis Lethargica.	Cerebro-spinal Meningitis	Pneumonia.	Malaria.	Ophthalmia Neonatorum.	Tuberculosis.		Totals.
												Pulmonary.	Other Forms.	
January	10	2	..	..	2	..	..	..	1	..	..	5	..	16
February	3	1	..	..	..	..	..	..	7	..	..	6	1	21
March	6	1	..	..	..	..	..	..	3	..	..	5	1	16
April	6	..	..	..	1	..	..	..	2	..	..	4	..	13
May	8	2	..	..	..	..	..	..	4	..	..	2	1	17
June	5	3	1	..	2	..	1	..	1	..	..	5	1	15
July	4	3	..	..	..	..	..	..	1	..	..	3	1	13
August	2	3	..	1	1	..	..	..	..	..	..	2	3	12
September	3	3	..	..	1	..	..	1	1	..	..	8	1	17
October	8	1	1	..	1	..	..	1	1	..	..	2	1	16
November	8	3	..	..	1	..	..	..	1	..	..	5	1	19
December	5	3	..	..	1	1	..	..	6	..	..	6	1	23
TOTALS	68	21	2	1	10	1	1	1	28	..	..	53	12	198



## ISOLATION HOSPITAL.

The Hospital is built on a site of nine acres of land situated near the S.E. corner of the District, in Tottenhall Road, Palmers Green. It is a fine open and airy site, admirably adapted for the purpose. Only a portion of the site is at present occupied by the Hospital premises, which are entirely enclosed by a close-boarded fence, and there is one entrance only, in Tottenhall Road.

The Hospital was opened in January, 1902, and enlarged in 1910.

The buildings now consist of the following :—

(1) Entrance Lodge.

(2) Administrative Block.

(3) Two Ward Pavilions, designed to contain 10 and 12 beds respectively.

(4) Isolation Pavilion, a block of four wards designed to contain 8 beds.

(5) Laundry Block with steam disinfecter, mortuary, patients' ambulance and clothing van sheds (the two latter were provided without a loan).

The following amounts have been variously sanctioned by the Local Government Board to be borrowed for the purposes of the Hospital :—

(1)	Purchase of land	... ..	£2,500
(2)	{ Fencing, drainage, gas, water- mains, levelling, drives, etc. }		15,100
	Erecting Hospital Buildings ... }		
(3)	Furniture	... ..	1,100
Total			£18,700

The ground occupied has been laid out with drives, flower beds, trees, shrubs, lawns, kitchen gardens, and greensward. Paved airing-courts have been provided to each pavilion.

The Ward Pavilions are used entirely for Scarlet Fever cases, and each contains two wards, one for women and children and one for males. The old wards measured 36ft. by 26ft. by 13ft. (female ward), and 26ft. by 24ft. by 13ft. (male ward); while the new wards are both 36ft. by 26ft. by 13ft.

The accommodation provides for 22 patients, and each adult patient is provided with 156 square feet of floor space, and 2,028 cubic feet of air space.

Last year one ward had a door put in in the centre of one side leading out on to the paved airing court, so as to enable patients to be taken out in their beds whenever the circumstances permit. This has proved to be so successful that the other wards are being dealt with in a similar manner.

There are also provided in each Ward Pavilion, stores, cupboards for linen, etc., and bath-rooms arranged with glazed doors opening to the outside, so that they may be used as discharging rooms.

Sanitary annexes are constructed at the ends of each ward, accessible from the ward only, and provided with cross ventilation lobbies.

The Isolation Pavilion is used for Diphtheria, Typhoid Fever, doubtful cases which require isolation, and other infectious diseases such as erysipelas, measles, and Puerperal Fever and Encephalitis Lethargica, as occasion requires and circumstances permit. It consists of a double block, with four wards in all, designed to contain two beds in each ward and cots for young children. Each adult patient is provided with 216 square feet of floor space, and 2,808 cubic feet of air space. Each half of this pavilion has an independent entrance on opposite sides of the building, with separate verandahs, and external w.c., with special slop closets.

All wards are lighted by electricity and ventilated upon the most improved principles, so that thorough cross-ventilation may be well maintained. All wards are heated by regenerating stoves, those in the Scarlet Fever Wards being fixed in the centre of each ward, and having double fires connected to downward flues which

are carried under the floors to ordinary external chimney shafts. These are unsatisfactory, as a great deal of heat is lost, and consequently they are extravagant in fuel.

Duty Rooms in both Ward and Isolation Pavilions are centrally arranged so that the nurse-in-charge can look into each ward through special inspection windows. They contain kitchen ranges with hot-water apparatus, white glazed sinks, small larders, kitchen dressers, medicine cupboards, and a telephone communicating with the administrative block.

The floors are of various kinds, Terrazzo, wood block, and jointless flooring, the latter having been applied to the wards, duty and bath-rooms, and sanitary annexes of the new buildings. The interior walls are plastered with Keene's cement on Portland cement, and have been coloured with washable distemper and oil-painted dadoes. All internal angles of walls and woodwork have been coved and rounded.

The Administrative Block contains dispensary, Matron's and Nurses' sitting-rooms, dining-room, waiting-room for patients' relatives and friends, store room, kitchen, scullery, coal store, two bath-rooms, and nineteen bedrooms (two of which contain two beds each) for the nursing staff and servants. The building is so designed that it can readily be enlarged still further to accommodate an increased staff.

The Laundry Block is fitted with a high-pressure boiler, which supplies steam for boiling all water required in the Laundry. A set of clothes-horses on runners are provided in a special chamber, heated with steam, for drying and airing clothes and linen when outdoor drying is unavailable. The same boiler also supplies steam for the steam disinfecting apparatus. Three separate coach-houses are also provided.

The Entrance Lodge contains a parlour, kitchen-living-room with enclosed sink and bath, and one bedroom with usual accommodation, all under one roof and on the ground floor.

The sanitary arrangements of the whole premises are good. Provision is made for thoroughly flushing all the foul-water drains, and special ventilating shafts have been erected. All refuse is either burned or disposed of on the enclosed area.



The water supply passes through a meter on a bye-pass into a 4-in. main with 3-in. branches, and is provided with a 4in. sluice valve which would be opened to supply the four hydrants in case of fire.

As an additional protection against fire, tanks and buckets, always containing water, are provided in each block of buildings ; and there is also a hose reel carrying fire-hose, stand-pipes, etc., in a special shed on the premises.

Communication with the Council's Chief Fire Station can be made by telephone.

The Medical and Nursing Staff consist, at present, of Medical Superintendent (non-resident), Matron (nursing), two Charge Nurses, one Staff Nurse, and four Probationers ; and the Domestic Staff of Cook, two Wardmaids, two Laundrymaids, two Housemaids, Entrance Lodge Porter and his wife, and one Gardener (non-resident). When all the wards are fully occupied a larger staff of nurses is required.

The Medical Superintendent's residence is connected with the Hospital by telephone.

The Porter's duties consist of looking after the Entrance Lodge, checking all entries and exits, and working the steam disinfecter, etc. His spare time is spent in the gardens.

Relatives and friends are allowed to visit patients on Sunday afternoons between two and four o'clock, but are only allowed to communicate with the patients through the windows. If any patient is dangerously ill, special arrangements are made.

An agreement has been entered into with the Friern Barnet Urban District Council, whereby from March 25th, 1920, twelve beds are reserved for the exclusive use of Friern Barnet patients, in consideration of an annual payment by the Friern Barnet Council of £720, and in addition 1s. 6d. a day for each patient in respect of the patient's maintenance, subject to variation in certain circumstances laid down in the existing agreement.

Patients from outside Districts, other than Friern Barnet, with whom there is a special agreement, are admitted when there is



sufficient accommodation for them ; the authorities of the Districts from which they come paying the Southgate Council for their maintenance.

The average cost per patient per day during the past year was £1 7s. 3d.

During the year 103 cases were admitted ; of these 62 were notified as Scarlet Fever, 35 as Diphtheria, 3 as Typhoid Fever, 1 as Puerperal Fever, 1 as Erysipelas, and 1 as Mumps. In addition, 3 cases were admitted from amongst the staff. Forty-one of the cases were sent in by Friern Barnet and 3 by Wood Green.

There were 3 deaths, 2 from Diphtheria and 1 from acute Ulcerative Colitis.

The average times of detention in Hospital were :—

For Scarlet Fever 30 days and for Diphtheria 40 days. I would draw especial attention to this comparatively short time of detention in Hospital of Scarlet Fever cases as compared with a few years ago ; indeed, in the majority of cases the average time is now about 21 days, the total average being brought up chiefly by a few cases of obstinate otorrhœa, which often require many weeks to clear up. This reduction in the average time of detention may be explained as follows :—

In May, 1922, I adopted the “Milne” method of the treatment of Scarlet Fever in the Isolation Hospital. This consists of (1) the daily inunction, for 10 days, of the whole body, from head to toe, with eucalyptus oil, and (2) the swabbing of the throat with carbolic oil 3 or 4 times a day for 10 days. If then there are no complications of any sort, the patient is allowed to begin getting up. On the completion of 100 cases I analysed the results and compared them with the previous 100 cases treated in the ordinary way.

The results were as follows:—

100 Cases Scarlet Fever.	Average Day of Disease on which Temperature became normal.	Average Day of Disease for Getting up	Average percentage of cases of Adenitis.	Average percentage of cases of Nephritis.	Average percentage of cases of Otorrhœa.	Average percentage of other miscellaneous complicat'ns	Average number of days in Hospital.	Average percentage of "Return" cases.
Ordinary Treatment	5th	22nd	26%	4%	4%	5%	38.5	3%
"Milne" Treatment	3-6th	14th	20%	1%	1%	1%	26	5%

One hundred cases is a small number on which to base very decided conclusions; but, as far as they go, the analyses of these two periods of treatment certainly point in favour of the "Milne" method all along the line, except in the matter of "return" cases; upon which, however, too much stress should not be laid, as the circumstances of many so-called "return" cases often admit of other explanations.

The one great advantage, apart from the diminished occurrence of complications, of the "Milne" method, both from the administrative and the patients' point of view, is the greatly shortened average stay in hospital, which means, on the one hand less expense to the community in isolating these cases, and the ability to serve a larger population with the same number of beds than by the ordinary treatment, and on the other hand, that the patient is enabled to return sooner to school or work.

One of the reasons of the shortened average stay in hospital is, I think, that desquamation is accelerated, while incomplete desquamation on hands and feet is disregarded, as uninfected. The only disadvantage appears perhaps to be a slightly increased risk of "return" cases.

On the whole the results appear to be encouraging and justify the continuance of the method.

NUMBER OF PATIENTS IN ISOLATION HOSPITAL DURING EACH  
MONTH OF 1925.

Greatest number.			Lowest number.		
Jan.	... 10	(Friern Barnet 4)	... 2	(Friern Barnet	0)
Feb.	... 16	( „ „ 11)	... 10	( „ „	3)
Mar.	... 12	( „ „ 9)	... 6	( „ „	2)
Apr.	... 13	{ „ „ 6 } { Wood Green 1 }	... 8	{ „ „ 3 } { Wood Green 0 }	
May	... 9	(Friern Barnet 5)	... 7	(Friern Barnet	2)
June	... 10	( „ „ 3)	... 6	( „ „	1)
July	... 8	( „ „ 4)	... 5	( „ „	2)
Aug.	... 8	{ „ „ 3 } { Wood Green 1 }	... 5	{ „ „ 2 } { Wood Green 0 }	
Sep.	... 8	(Friern Barnet 4)	... 5	(Friern Barnet	3)
Oct.	... 12	( „ „ 6)	... 6	( „ „	3)
Nov.	... 14	( „ „ 5)	... 8	( „ „	3)
Dec.	... 13	{ „ „ 4 } { Wood Green 2 }	... 7	{ „ „ 1 } { Wood Green 0 }	

## GENERAL PROVISION OF HEALTH SERVICES.

### Hospitals provided or subsidised by the Local Authority, or by the County Council:—

(1) **Tuberculosis.**—No Hospital provided by the Local Authority. All cases requiring hospital or sanatorium treatment are dealt with by the Middlesex County Council.

The dispensaries which serve this area are situated at 10, Alexandra-road, Hornsey; Chester Villa, High Road, North Finchley, and are under the charge of Dr. J. R. Dobson, one of the Tuberculosis Officers of the County Council.

The following are particulars relating to Southgate patients treated under the County Tuberculosis scheme:—

Number of new cases seen at the Dispensaries	
during 1925	48
Number diagnosed as suffering from Tuberculosis	30



Total number of persons suffering from Tuberculosis, and treated or supervised at or in connection with the dispensaries, during 1925	...	...	...	147
Number of patients with pulmonary tuberculosis sent to Sanatorium	...	...	...	15
Number of patients with pulmonary tuberculosis sent to Hospital	...	...	...	5
Number of patients with non-pulmonary tuberculosis sent to Hospital	...	...	...	4
Number of patients sent to Hospital for observation	...	...	...	2
Number of patients sent to Training Colony	...	...	...	1
Total number of patients in Institutions at the end of 1925	...	...	...	14

(2) **Maternity.**—An arrangement is in force with the Edmonton Board of Guardians for the reception of Maternity cases at the Maternity Home at Edmonton. The charge is £2 2s. per week. Four mothers availed themselves of the Home during the year.

(3) **Children.**—Nil.

(4) **Fever.**—The Isolation Hospital provided by the Local Authority is situated in Tottenhall Road, Palmers Green. The total available beds are officially 30, but practically 48. There are two blocks for Scarlet Fever, and one isolation block for Diphtheria and Typhoid Fever.

An agreement is in force with the Friern Barnet Urban District Council whereby 12 beds are reserved for the exclusive use of Friern Barnet patients.

(5) **Small-pox.**—Southgate, being one of the constituent Local Authorities in the district of the Middlesex Joint Hospital Board, has the right to send cases to the Clare Hall Hospital, South Mimms,



(6) **Other Hospitals**—(a) the Passmore Edwards Hospital, Wood Green, for general medical and surgical cases, contains 55 beds, serves this District, and receives an annual grant of £300 from the Southgate District Council. (b) The Royal Northern Hospital, the Prince of Wales' Hospital, Tottenham, and the North Middlesex Hospital, Edmonton, also receive patients from this district. All these hospitals are outside the district.

(7) **Institutional provision** for unmarried mothers, illegitimate infants, and homeless children.—Nil.

(8) **Ambulance facilities**.—(a) For infectious cases: a horse-drawn ambulance is provided for the conveyance of these cases to the Isolation Hospital. (b) For non-infectious and accident cases a motor-ambulance is available at all times, on application by telephone or otherwise to the Town Hall or Fire Station. The use of the ambulance for cases of street accidents is free of charge, but a small charge is made for its use at other times.

**Venereal Disease Clinic** (Middlesex County Council) :

Prince of Wales' Hospital, Tottenham.

All London Hospitals are included in the London and Home Counties Joint Scheme for the treatment of Venereal Diseases.

## **MATERNITY AND CHILD WELFARE SERVICE.**

The policy of Maternity and Child Welfare work in this district is not the treatment of minor ailments, but the prevention of disease and the improvement of the standard of health of mothers, and children under five years of age.

This is effected through:—

(1) Ante-natal care of mothers and detection of any abnormality.

(2) The education of mothers in feeding, clothing, hygiene, and training of their children,

(3) The detection of any deviation from normal health in the earliest possible stage in both mothers and children, and the insistence on steps being taken to have these corrected as soon as possible.

### **STAFF AND SERVICE.**

The Staff comprises :—

Medical Officer of Health.

Medical Officer to Welfare Centres and Ante-natal Centre.

Superintendent Health Visitor.

Assistant Health Visitor.

Voluntary Helpers—Ladies in the district—20 in all, who also form a Voluntary Helpers' Committee.

The Staff have worked harmoniously and with mutual co-operation and loyalty throughout the year, and consequently the work has been carried on with the maximum of efficiency and zeal.

The Maternity and Child Welfare Service includes :—

(1) An Ante-Natal Centre at Broomfield House—first and third Thursdays in each month.

(2) Five Infant Welfare Centres for the care of children under 5 years.

At four Centres weekly sessions, and at one Centre fortnightly sessions have been held.

### **DUTIES.**

The Medical Officer of Health, is responsible for the general supervision and policy of the Maternity and Child Welfare work, and organisation of the Centres,

The Centres Medical Officer, attends all the Centres throughout every session, and gives advice to mothers concerning themselves and their children, and has full charge of Centres while sessions are being held.

The Health Visitors. The duties of the Health Visitors are complex and varied, and it is impossible to tabulate them completely.

(A) In General—

The Superintendent Health Visitor is in charge of the organisation of the Voluntary Helpers, and education at all Centres, subject to the supervision of the M.O.H. and to the control of the Centres M.O., during sessions. She is also responsible for the whole of the visiting in the district.

The Assistant Health Visitor's time, apart from the necessary office work, is taken up chiefly in visiting under the direction of the Health Visitor. She attends the Centres as required—in the unavoidable absence, at times, of Voluntary Helpers.

(B) In Particular—

(I.) **Maternity and Child Welfare:**

Home visitation under the Notification of Births Acts, 1907 and 1915; Maternity and Child Welfare Act, 1918—Circular M. and C. W. 4; and the Public Health Acts; in respect of:—

Births attended by Midwives are visited about the 11th day.

(a) **The Baby.**—Cleanliness, Regularity of Habits, Feeding (Breast—Bottle), Prevention of Summer Diarrhœa, Clothing, General Hygiene.

(b) **Children up to Five Years of Age.**—Supervision is continued, as far as possible, up to five years of age.

Children are visited about 5 times during the 1st year of age

„	„	„	„	4 times	„	„	2nd	„	„
„	„	„	„	3 times	„	„	3rd	„	„
„	„	„	„	twice	„	„	4th	„	„
„	„	„	„	once	„	„	5th	„	„

Ailing children or cases where the home conditions are unsatisfactory are visited as often as possible.

(c) **The Expectant Mother.**—Visits to the expectant mother are made as regards:—General hygiene—Care of the teeth—Management of pregnancy—Requirements for confinement—Possible miscarriage—Need for medical care—Dangers of abortifacients—etc.

(d) **The Nursing Mother.**—Visits to the nursing mother are made as regards:—General hygiene—Care of the breasts—Re-establishment of failing lactation (which takes up much time)—Weaning—Care of the teeth—etc.

The main object of the visit is to impress upon the mother the urgent necessity of breast feeding—fresh air—plenty of sleep—cleanliness of the home, person and food—regularity in all things—and the carrying out of all the suggestions in the pamphlet sent by the Council to each mother.

(e) **Still-births and Deaths of Children up to 5 years of Age.**—Enquiries are made with a view to ascertaining whether the condition was preventable, and so enabling steps to be taken for the prevention of further infant mortality.

## (II.) **Infectious Diseases:**

Cases of Tuberculosis (women and children), Puerperal Fever, Ophthalmia Neonatorum, Acute Poliomyelitis, etc., are visited by the Health Visitor. Particulars as to history and source of infection are taken, and reported to the



Medical Officer of Health, and advice given regarding precautions to be taken to prevent the spread of infection.

(III.) Accompanying patients in the ambulance as required—(5 times during the year 1925).

In addition to the foregoing duties, many calls are made on the Health Visitors' time. They may be called upon at any time to give advice on matters appertaining to health, the care and training of children or home economics, advice with regard to nurses for sick people, etc. The occasions on which they are required, during the course of their duties, to give advice at any hour of the day are too numerous to record, but they show the need felt by the mothers (especially those with first babies) in times of difficulty, for advice from women with a wide knowledge and experience of children.

#### (IV.) **Daily Routine :**

Hours : 9 a.m.—5 p.m., with one hour for lunch.

Both Health Visitors.	{	Office work : Making up records of previous day's visiting—writing up records—entering up in diary record of previous day's work.
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Supt. Health Visitor.	{	Interviewing M.O.H. as required and communicating with him by telephone—Attention to books and stock for Centres—Dealing with correspondence—petty cash—callers—telephone, etc.—making reports—arranging visits for the day.
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Centres and Visiting.—Preparation of and attendance at Centres and Ante-Natal Centre (five weekly), and shopping for Centres as required; Visiting in the district, by both officers, during such time as is not occupied as above. Average hours (approx.) per week available for visiting : Supt. H.V., 8 hours; Asst. H.V., 27 hours

Committees.—Maternity and Child Welfare Committee, Milk Grants Sub-Committee, and Voluntary Helpers' Committee—once a month each (Supt. H.V. only).

### LIST OF CENTRES.

Infant Welfare :—

Wesleyan Hall, Chase Side—alternate Mondays (since January of this year every Monday), 2—4 p.m.

Broomfield House—every Tuesday, 10 a.m.—12 noon.

Bowes Park Wesleyan Hall—every Tuesday, 2—4 p.m.

Baptist Hall, Grove Road—every Wednesday, 2—4 p.m.

Wesleyan Hall, Winchmore Hill—every Thursday, 2—4 p.m.

These are provided by the Local Authority, and supported by Voluntary Helpers.

The premises at which they are held answer their purpose very well, and the necessary apparatus is provided at each Centre.

### STATISTICS OF ATTENDANCES AND WORK DONE AT THE WELFARE CENTRES DURING 1925.

	Under 1 year.	Over 1 year.	Total.
No. on Registers, January 1st	168	290	458
„ „ „ Dec. 31st	381	419	800

The registers are revised every year. The children who attain school age or who leave the district or cease to attend the Centres are removed from the registers from time to time.

New Cases during 1925	242	121	363
-----------------------	-----	-----	-----

The number of new cases under 1 year of age therefore represents 52.5 per cent. of the total births, as against 48.6 per cent. in 1924.

## Attendance at Centres—

		Under 1 year.	Over 1 year.	Total.
Southgate	...	226	247	473
Broomfield House	...	985	550	1535
Bowes Park	...	945	1118	2063
New Southgate	...	550	896	1446
Winchmore Hill	...	1011	685	1696
		<hr/>	<hr/>	<hr/>
Totals	...	3717	3496	7213
Average	...	17.2	16.2	33.4
		<hr/>	<hr/>	<hr/>

## Number seen by Doctor—

Southgate	...	188	242	430
Broomfield House	...	641	373	1014
Bowes Park	...	527	520	1047
New Southgate	...	326	443	769
Winchmore Hill		526	455	981
		<hr/>	<hr/>	<hr/>
Totals	...	2208	2033	4241
Average	...	10.2	9.4	19.6
		<hr/>	<hr/>	<hr/>

The highest number seen by the doctor at any one session was 34.

Number of sessions held	...	...	216
-------------------------	-----	-----	-----

Approximate number of Test-feeds	...	200
----------------------------------	-----	-----

Talks and Practical Demonstrations in Mother-craft given at Centres	...	...	...	109
---	-----	-----	-----	-----

**Any cases requiring treatment are referred to their own doctor or hospital.**

On reaching school age children's records are sent to the School Authorities.

**Statistics of Attendances and Work done at Ante-Natal Centre.**—An Ante-natal Centre was opened at Broomfield House in 1924, and sessions are held, first and third Thursdays, at 10 a.m.—12 noon, having previously been held in connection with the Infant Welfare Centres, conse-

quently the attention given to prospective mothers has been able to be more thorough and efficient.

Health talks are given at 11 a.m.

No. on Register, Jan. 1st, 1925	...	...	0
No. on Register, Dec. 31st, 1925	...	...	30
New cases during 1925	...	...	76
Number of sessions held	...	...	19
Total attendances	...	...	132
Average	...	...	7
Attendance of ante-natal mothers at Infant Welfare Centres (for appointment for Ante-Natal Centre, and advice only)			
Seen by Doctor	...	...	137
			18

**Note of any abnormality found is notified to the doctor or midwife engaged to attend.**

**TABLE OF VISITS MADE BY THE HEALTH VISITORS UNDER THE NOTIFICATION OF BIRTHS, MATERNITY AND CHILD WELFARE, AND PUBLIC HEALTH ACTS.**

Careful, systematic, and sympathetic visiting in the homes is the foundation of preventive work, and of the whole scheme of Maternity and Infant Welfare work, and too much stress cannot be laid upon its importance.

Children—First visits	238	
Under 1 year of age	707	} Over and above first visits.
Over 1 year of age	2062	
Visits re Deaths under 5 years of age	21	
Visits re Still-births	13	
Visits re Ophthalmia Neonatorum cases	1	
Ante-Natal visits	169	
Visits re Puerperal Fever cases	1	
Special visits (test feeds, following special cases seen by M.O. at Centres, failing lactation, etc.)	371	
Visits re Tuberculosis cases	93	
Total visits	3676	



**Miscellaneous Statistics—**

Registered Births	...	410	
Attended by Midwives	120\		approx.
Attended by Doctors	290\		
Unnotified Births	...	37	
Percentage of Births notified	...	91	
Still-births notified	...	16	(3 by midwives, 13 by Doctors.)
No. of Southgate Births in North Middlesex Hospital Maternity Home	...	19	(including 4 Council cases.)
Infant Mortality amongst chil- dren attending Centres	...	3	(Congenital.)

**Milk (Mothers and Children) Order.**

Under this Order, 19 mothers have received milk, either free or at half-price. The quantity of milk amounted to 321 gallons, costing £33 15s. 7d.

In order to receive milk free, or at reduced price, the weekly income must not exceed:—

Max. income after deduc-  
tion of rent.

No. in Family	For free milk.	At half-price.
1 (i.e., expectant mother)	13/-	15/-
2 (i.e., ditto and husband, or mother and child)	21/-	25/-
3 (i.e., husband, wife, and child, or mother and two children)	25/6	30/-
4	30/-	34/-
5	35/-	40/-
6	39/-	45/-
7	42/-	49/-
8	44/-	52/-
9	45/-	54/-
10	45/-	55/-

List of Foods sold at Centres (at cost price) :—

Glaxo	(approx.)	362 lbs.	realising	£27 4s. 0d.
Trufood	,,	934 lbs.	,,	£93 8s. 0d.
Virol	,,	270 lbs.	,,	£27 0s. 0d.
Cod-liver Oil & Malt	,,	228 lbs.	,,	£8 1s. 0d.

Dentures.—One grant of £6 was made to an expectant mother during the year.

**Voluntary Services.**—Southgate is very fortunate in having a splendid band of Voluntary Helpers. They are all most reliable and regular at the Centres, most efficient in their duties, and always assist the Superintendent in every way.

During the year they gave a garden party to the mothers, and a social at St. Michael's Church Hall, and they have also sent several convalescent mothers and children for various holidays.

**Gifts.**—Several Southgate residents have kindly sent perambulators and cast-off clothing to the Superintendent for distribution to poor mothers.

**Competitions.**—Educational Competitions are held in the summer, and prepared for throughout the year. These include an examination in Mothercraft based on the text-book which is issued at the Centres, "To Wives and Mothers."

The Southgate Centres entered the Mothercraft Competitions held by the National League for Health, Maternity and Child Welfare, 117, Piccadilly, as five separate Centres, and were successful in gaining places amongst the first seven Centres in all England; Broomfield House Centre, being top, was winner of the Challenge Shield.

There is no doubt that the standard of Mothercraft and Homecraft amongst the mothers attending the Centres, and

the health of the children, has been raised very considerably since the Centres were instituted.

**The Medical Officer of the Centres, Dr. Catchpool,** reports that:—

(1) Of all the new cases registered during the past year, by far the majority have been brought early, indicating that the mothers are responding well to the invitation to the Centres, and pointing also to good work on the part of the Health Visitors.

(2) The cases have been much more satisfactory than in previous years, comparatively few making less than average progress.

(3) There is still a lamentable prevalence of colds and throat conditions, in spite of much hygienic propaganda, but the mothers generally have shown an increased sense of the importance of immediate attention to abnormal conditions of the throat and teeth, and of seeking early advice.

(4) There is a marked tendency to overfeed children of the ages 1—5 years in a large number of cases, especially in the matter of milk.

(5) The greatest improvement of all has been in connection with the Ante-Natal Centre, which has developed into a very much appreciated and esteemed institution. The increased number of sessions held, and the increased facilities afforded by the improvement of the premises at Broomfield House, account for this in a great measure.

### **SUMMARY OF NURSING ARRANGEMENTS. HOSPITALS AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.**

**Professional Nursing in the Home.** (a)—A Queen's Nurse, under the auspices of the Southgate Queen's Nursing Association, commenced work in January, 1923, chiefly in Palmers Green, and now also in Southgate, but subscrib-

ers are being obtained from all parts of the district. A second Queen's Nurse was engaged for the New Southgate and Bowes Park district, and commenced work in February, 1924, and a third nurse was added in March last year to work chiefly in the Winchmore Hill district. Apart from subscribers, of which there are approximately 1,200, necessitous cases are nursed free of charge. (b)—No Nurse is provided for infectious diseases in the home.

**Midwives.**—These come under the supervision of the County Authority. There are 7 midwives practising in the district, though some evidently do very little.

**PUBLIC ELEMENTARY SCHOOLS.**

**Medical Inspection under the Education Act, 1907.**

The County Medical Officer is the School Medical Officer for this district, and organises and supervises the work. The inspections are carried out by an Assistant Medical Officer.

Arrangements for these visits are made beforehand, and the parents are invited to them.

**Medical Inspection, 1925.**

Total number of children inspected at the Eleementary Schools :—

		Inspected.	Requiring Treatment.
Entrants	...	451	188
Intermediates	...	409	159
Leavers	...	224	68
		—1084	—415
Other ages	...	206	} 60
Specials	...	107	
		—313	
		1397	475



**School Clinics.**

- (a) FOR MINOR AILMENTS, Winchmore Hill and Holly Park (outside the District, but at which Southgate children receive treatment).

Total number of children inspected at the Minor Ailment Clinics :—

		New Cases.	Attend-ances.	Treated.	Not requiring Treatment.
Winchmore Hill	...	1128	2581	993	135
Holly Park	...	367	753	338	29
		<hr/> *1495	<hr/> 3334	<hr/> 1331	<hr/> 164

\*Of these 65 were referred to the Clinics from the Schools at the routine inspections.

**(b) OPHTHALMIC CLINIC :**

An ophthalmic clinic is held weekly at Garfield Road School, and school children are seen by arrangement by Mr. Tyrrell, ophthalmic surgeon. An average number of twelve children per session is seen. Glasses are prescribed and provided at a charge of 5s. The children attend again when the glasses are ready, so that the surgeon may see that they are suitable.

175 children attended the Clinic and were seen by the Ophthalmic Surgeon during 1925. Spectacles were prescribed and provided for 96 of these.

**(c) DENTAL CLINIC.**

A dental clinic is held at Holly Park School. The Dental Officer inspects children in the various schools, and those needing treatment are referred to the dental clinic, where treatment is provided at a charge of 1s. 6d.

1,344 children were dentally inspected at the schools during the year. 724 attended at the Clinic, where they received treatment for various dental defects.

These are provided by the Middlesex County Council.

## **ADOPTIVE ACTS, BYE-LAWS AND LOCAL REGULATIONS RELATIVE TO PUBLIC HEALTH IN FORCE IN THE DISTRICT.**

### **Local or Adoptive Acts.**

The Infectious Diseases (Prevention) Act, 1890.

The Southgate Urban District Council Act, 1913.

Public Health Acts (Amendment) Act, 1890, parts 2, 3, and 5.

Public Health Acts (Amendment) Act, 1907 (whole of Act with the exception of Sections 82, 83 and 94).

Baths and Wash-houses Acts, 1846-1899.

### **Bye-Laws and Regulations.**

Public Health Act, 1875, with respect to (a) The cleansing of footways and pavements; (b) the removal of house refuse; (c) the cleansing of earth closets, privies, ash-pits, and cesspools.

Public Health Act, 1875, for the prevention of nuisances arising from snow, filth, dust, ashes, and rubbish.

Public Health Act, 1875, with respect to common lodging-houses.

Public Health Act, 1875, with respect to slaughter-houses.

Public Health Act, 1875, with respect to new streets and buildings.

Public Health Act, 1875, with respect to houses let in lodgings or occupied by members of more than one family.

Public Health Act, 1875, with respect to the paving of yards and open spaces.

Contagious Diseases (Animals) Act, 1866 and 1885; the Dairies, Cowsheds, and Milkshops Order, 1885.

Public Health Acts (Amendment) Act, 1890, with respect to alteration of buildings.

## SANITARY CIRCUMSTANCES OF THE DISTRICT.

**Water Supply.**—Practically the whole District is now served by the Metropolitan Water Board with a “constant” supply from high-pressure mains. There is now only 1 well left from which water is obtained for drinking. This is situated in North Southgate.

**Watercourses.**—Bounds Green Brook and Pymmes Brook remain in about the same condition. The periodical cleansing by the Middlesex County Council keeps them in good condition.

**Open-Air Swimming Bath.**—This Bath, situated at Barrowell Green, was opened to the public on 14th August, 1913. The length of the bath is 150ft. and the width 50ft. The accommodation comprises attendants’ offices, slipper-bath, laundry, foot-bath, sanitary conveniences, and enclosed dressing accommodation including family dressing-boxes. Further dressing accommodation has recently been provided. Provision has been made for the heating of the water by means of the boiler in the adjoining Destructor Works. The Bath has been most successful.

**Broomfield Park Swimming Lake.**—The large lake at Broomfield Park, which on my recommendation was closed to bathers in 1911 owing to such pollution as in the opinion of the highest sanitary authority rendered it unsafe for bathing, was re-opened in 1919 for bathing and swimming to meet the earnest desire of many residents, after the question of rendering it safe had been earnestly considered and dealt with. Suspecting



that the surface water which came from the Alderman's Hill Estate, and which forms the main source of its supply, was also the chief cause of its pollution, this was cut off for a time. A sample of the water from the lake then taken and analysed showed great improvement. Steps were then taken to filter and aerate this surface water before it entered the lake. Further samples of water then taken from the lake and settling tanks were submitted for analysis, and the analyst's reports stated that the water in the bathing lake, although unfit for drinking, was quite suitable for bathing purposes.

Dressing accommodation has been provided by the Council, and a large number of bathers have availed themselves of the privilege and health-giving pleasure of swimming and bathing in this beautiful lake set in such charming and natural surroundings

Samples of the water are taken at intervals and submitted for analysis in order to ascertain that the water remains sufficiently unpolluted.

**Sewerage and Sewage Disposal.**—The District is drained by the dual system. The surface-water sewers discharge at convenient points into the nearest watercourses, and as the fields adjoining the smaller courses become converted into building land, suitable sewers and culverts are provided. Where possible and necessary the surface-water sewers are laid at such depths as will enable the subsoil under cellars and basements to be drained and connected therewith, thus ensuring dry dwellings and avoiding any accumulations of stagnant water inside or beneath any dwelling-house.

The main sewage sewers traverse as much as possible the natural valleys, and run from the higher lands on the west towards the east, where they are joined to the sewers of the Edmonton District at three points along the boundary between the Southgate and Edmonton Districts. By the Edmonton Local Board Separation Act, 1881, by which Southgate became a separate District, the Edmonton District is required to receive, convey, and dispose of the sewage of Southgate. Only one length of sewer, apart from culverts, is now constructed of brickwork, that length being the southern main joining the Edmonton sewers,



The sewers are laid principally in open trenches, but as their depth is in some cases as much as 30 feet below the surface, the driving of short tunnels as headings is occasionally resorted to. Pymmes Brook is crossed in several places by means of inverted syphons. These have been constructed with iron pipes from special designs, which permit the smallest area of sewage being exposed in the manholes, and have worked very satisfactorily. The sewers are also carried at several points under the New River, and a few years ago the late New River Company insisted upon a special system being adopted, by which large cast-iron shield pipes are forced by means of powerful hydraulic jacks through the soil under the river, thus forming tunnels in which the sewage pipes are laid.

In the case of new streets, no new sewers are permitted to be covered up until the work has been thoroughly inspected and tested with water. The pipes used have special joints, are made of the strongest stoneware clays, and laid upon a thick bed of cement concrete. In addition, they are laid to absolutely straight lines from point to point, and by means of manholes can be examined and seen through from end to end. At the head of every branch sewer means for flushing are provided by lampholes and flushing chambers, through which thousands of gallons of clean water are systematically delivered in order to prevent any deposit within the sewers. There are upwards of 100 of these flushing chambers within the district. Fortunately, all the sewers may be said to be self-cleansing, and within an hour or two of any foul matter being discharged into a drain or sewer it is delivered at the Edmonton Sewage Works.

The sewers are ventilated by means of gratings over the manholes and by upcast shafts; but the gratings intended to be inlets for fresh air sometimes also discharge foul air, in consequence of which many of them have been closed in, and extra upcast shafts erected at points of vantage in their place.

During the past twenty-six years no drains of any house have been permitted to be connected with the sewers unless they have been provided with a chamber containing a trapped interceptor just within the boundary adjoining the street or road.

In the District there are now 55 miles 673 yards of sewage sewers, and 53 miles 1,110 yards of surface-water sewers.

**Closet Accommodation.**—Water closets obtain throughout the District and are connected with the Council's sewers. Only 17 cesspools, situated on the extreme edges of the Council's administrative area, remain.

**Roads.**—In the District there are now upwards of 54 miles of roads, made up as follows:—

	Miles.	Furlongs.	Yards.
Main Roads ... ..	4	3	104
Light Railway Roads ... ..	0	3	105
Subsidised Roads (A) ... ..	0	2	59
(B) ... ..	1	7	158
Classified Roads (1) ... ..	4	4	102
District Roads ... ..	33	5	144
Private Roads (repairable by the owner of property abutting on such Roads) ... ..	8	7	71
Total ... ..	54	2	83

**Public Conveniences.**—A Public Convenience with accommodation for both sexes, has been in existence for a number of years at The Triangle, Palmers Green, and its usefulness is unquestionable. The growth of the neighbourhood has, however, rendered the accommodation at this Convenience insufficient for present-day needs. The Council, therefore, have constructed a new, larger, and better-equipped underground Convenience at this spot. This was opened this month.

At the same time, attention should be drawn to the fact that there is an increasingly pressing need for similar provision at Southgate, and also at New Southgate. Particularly is this the case at Southgate, to, and through, which many hundreds of visitors are brought weekly by the omnibuses, especially during the spring, summer, and autumn months, *en route* for Hadley Woods.

It is very necessary that the provision of these additional Conveniences, the subject having already been considered, may be proceeded with as soon as possible.

**House Refuse Collection.**—The collection of house refuse forms an important item in the work of the Public Health Department.

All houses are provided with portable covered ashbins.

The Council have three electrical vehicles, each capable of an average load of about  $2\frac{1}{2}$  tons, engaged in refuse collection. In addition to these, a varying number of horse-drawn wagons, with hired horses, are used; a hired carman being employed with each, in addition to "loaders" directly employed by the Council.

As far as possible, a weekly collection is maintained throughout the district, and very few genuine complaints of non-removal of refuse were received during the year.

The following is a brief summary of this work :—

#### 1925.

No. of Hired Horses ...	...	...	...	...	1,579
„ Electrical Vehicles ...	...	...	...	...	752
„ Loads to Destructor ...	...	...	...	...	6,285
Total Weight to Destructor,	10,424 tons	1 cwt.	2 qrs.		
No. of Loads to other shoots	...	...	...		292
Total Weight to other shoots	...	476 tons	12 cwt.		

**Trade Refuse** is collected from the various shops and business premises at a small charge, which realised the sum of £102 16s. 0d.

**Collection of Fish Offal.**—The fish offal from fish shops is removed in air-tight receptacles at least weekly, and arrangements made by individual fishmongers have proved satisfactory.

**Dustbins.**—Special inspections, following upon information given by the Dustmen, have been made in all parts of the district among all classes of property with the object of effecting the replacement of defective dustbins.

Altogether 410 premises were visited in this connection. 217 verbal notices, 193 preliminary notices, and 24 statutory notices were served.

These special inspections alone, resulted in the provision of 443 new bins, which include a number of new bins supplied following notices served during 1924.

**Sanitary Inspection of Area.**—Details of this are shown in the following tables :—



* Inspections.	(1) Number of Premises Inspected on Complaint.	170	118	220	331	10383	710	33	Nil.	237	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	4	4	4																									
	(2) Number of Premises Inspected in connection with Infectious Diseases.																																											
	(3) Number of Premises under Periodical Inspection.																																											
	(4) Houses Inspected from House-to-House (H. and T.P. Act, Sect. 17).																																											
	(5) Total Number of Inspections and Re-inspections made.																																											
Action taken. (Other than under H. and T.P. Act.)			Cautinary or Intimation Notices Given.			Statutory Orders Issued.			Summonses Served.			Convictions Obtained.			Houses, Premises, etc. Cleansed.			Houses Let in Lodgings (Tenement Houses).			Number Registered under Byelaws.			Number of Contraventions.			Number Registered under the Act.			Number of Contraventions of Regulations.			Number Observed during the Year.			Number of Nuisances therefrom abated.			Number Removed from District.			Movable Dwellings, Caravans, Tents, &c.		

\* N.B.—(3) Includes all classes of premises under periodical supervision, such as Cowsheds, Dairies, Slaughterhouses, Workshops, Workplaces, &c.

(5) Includes all visits and re-visits made by Sanitary Inspectors in connection with 1—4.



Bake-houses.	Number in District.		18	When Slaughter- ing expected.	2	Slaughter- houses.	Number on Register.		6	434	When Slaughter- ing expected.	11	46	2	About 100	28	130	4	688 lbs.	Nil.	22 lbs.	Nil.	Nil.	Destructor.	Nil.	Nil.	Offensive Trades.	Number of Premises in District.			Number of Inspections made.	Contraventions of Bye-laws.		
	Contraventions of Factory Acts.		3		Number of Inspections made.		2	Frequency of Inspection.		Contraventions of Bye-laws.		Number on Register.		Number of Inspections made.		Contraventions of Regulations.		Meat (including organs) seized and surrendered. (Approximate weight in pounds.)		Poultry and Game seized and surrendered. (Approximate weight in pounds.)	Fish seized and surrendered. (Approximate weight in pounds.)	Fruit and Vegetables seized and surrendered. (Approximate weight in pounds.)	Other Articles seized and surrendered. (Approximate weight in pounds.)	Method of Disposal.										



Disinfection.				Dust.				Sundry Nuisances Abated.													
Rooms Disinfected.	Articles Disinfected or Destroy'd	Rooms Stripped and Cleansed.		Ordinary Infectious Diseases.	Phthisis.	New Bins provided.	How frequently is Dust Removed from each house?	Number of Complaints of Non-Removal received.	Destructor.	Weekly.	443	33	14	4	8	3	8	Foul Pigs and other Animals	Dampness.	Yards Re-paved or Repaired.	Other Nuisances.
		Ordinary Infectious Diseases.	Phthisis.																		
175	76	31	208	247																	

### Premises under Periodical Inspection.

The following premises are under periodical inspection. With the exception of a few minor breaches of the Regulations (which were at once remedied on the attention of the occupiers being drawn to them), they have been satisfactorily carried on:—

Description of Premises.			No. in District.
Dairies, Cowsheds and Milkshops	...	...	39
Bakehouses	...	...	18
Dining-Rooms	...	...	15
Slaughter-Houses	...	...	6
Fried Fish Shops	...	...	6
Workshops and Workplaces	...	...	128
Publichouse Conveniences	...	...	19
Total			231

### Rent Restriction Act.

Under the provisions of this Act, the tenant of a house may, on payment of the fee of one shilling, obtain from the Sanitary Authority an inspection and report upon the condition of his house, in cases where the landlord has given the tenant notice of intention to increase the rent. This adds yet another responsibility to the Public Health Department and its officers. During the year a total of 29 inspections under its provisions were made. In every instance the premises were found to be "not in a reasonable state of repair," and certificates to this effect were granted in all cases.

In addition to the inspections at the above-mentioned 29 premises, re-inspections were made at 10 houses on the application of the owners for certificates that the necessary works to put the premises into a reasonable state of repair had been executed. Seven such certificates were granted, the remaining three being refused, owing to certain specified works not having been completed.



## **Inspection and Supervision of Food—**

(a) MILK SUPPLY.—The greater part of the milk consumed in the District is brought from all parts of the country. The arrangements for the supply of pure and wholesome milk are generally adequate.

No registration of retailers or producers has had to be refused under the provisions of the Milk and Dairies (Amendment) Act, 1922.

Under the Milk (Special Designations) Orders, 1922, Licences are granted by the Council to Milk Retailers or Dealers to sell milk, which must conform to certain prescribed standards of purity, designated “Certified,” “Grade A. (Tuberculin Tested),” “Grade A.” and “Pasteurised.”

Five Dealers’ Licences to sell Certified Milk, and three Dealers’ Licences to sell Pasteurised Milk, were granted during the year.

“Supplementary” Licences are granted to retailers whose premises are outside the district, permitting the sale of specially graded milk within the district.

One supplementary licence to sell “Grade A ” milk was granted during the year.

At the instance of the Ministry of Health, four samples of Certified Milk were obtained and forwarded for bacteriological examination. Three of the samples proved to conform easily to the standard for Certified Milk, but the other, taken during rather exceptionally hot weather, failed to reach the required standard.

Veterinary Examination of Cows.—There are about 100 cows in the District, used for the production of milk for sale, owned by nine cowkeepers. The Council, several years ago, appointed a Veterinary Surgeon to inspect all such cows and to report on their condition every quarter. The reports state that the general health and condition of the

cows is very good. No cases of cow-pox, mange, foot and mouth disease, or other infectious or contagious disease were detected, with the exception of one cow suffering from tuberculous emaciation. This animal was slaughtered, and the post-mortem examination revealed it to have been suffering from generalised tuberculosis. The cow had not been giving any milk for some time prior to the diagnosis of tuberculosis, and no part of the carcass was used for human consumption. The case was notified in accordance with the Ministry of Agriculture and Fisheries Tuberculosis Order of 1925.

The cowsheds, dairies, and milkshops in the district are inspected regularly.

(b) MEAT.—There are no public slaughterhouses in the district. Butchers' shops are visited frequently, and slaughterhouses, when slaughtering is expected, as well as after notice has been given of intention to carry out slaughtering.

Six cwt. 16 lbs. of unsound meat were surrendered and destroyed.

### **Slaughterhouses.**

	In 1920.	In Jan., 1925.	In Dec., 1925.
Registered	... —	—	—
Licensed	... 7	6	6

Three of these Slaughterhouses are situated at Southgate, two at Winchmore Hill, and one at New Southgate.

(c) OTHER FOODS.—The bakehouses, fish-shops, and fruit-shops are kept well under observation. Twenty-two pounds of fish were voluntarily surrendered.

### **Sale of Food and Drugs Act.**

The duties under the Food and Drugs' Act are administered by the Middlesex County Council.

The following are particulars supplied by the courtesy of the Chief Officer of the Public Control Dept., of samples taken in the district during last year:—

Article.			Samples Taken.	Found Adulterated.
Milk	...	...	200	9
Cream	...	...	1	—
Almonds (ground)	...	...	1	—
Arrowroot	...	...	3	—
Butter	...	...	13	—
Cinnamon	...	...	4	—
Cornflour	...	...	1	—
Mustard	...	...	3	—
Pepper	...	...	2	—
Sweets	...	...	1	—
Total			229	9
Prosecutions			2	
Convictions			1	

## HOUSING.

### (1.) General housing conditions in the area:—

(1) GENERAL HOUSING CONDITIONS.—The majority of the houses in the district are of the villa type. The smaller property is situated in the outlying parts of the District, and consists mainly of working-class and artisan dwellings of the modern type, with a small number of older cottages. There are no back-to-back houses. As a whole the general housing conditions are good.

(2) (a) EXTENT OF SHORTAGE OR EXCESS OF HOUSES.—There exists a shortage of houses of all classes, particularly those suitable for working-class families capable of paying an inclusive rent of not more than 10s. to 17s. per week.

(b) MEASURES TAKEN OR CONTEMPLATED TO MEET ANY SHORTAGE.—The Council have erected and are erecting on their new housing sites houses which are let readily at 17s. per week inclusive. At the end of the year 1925 there



were 272 Council houses in occupation, let at rents from 5s. 1d. to 20s. 9d. per week. There are no houses of this class in course of erection by private enterprise, but considerable activity is being maintained in the erection of houses of the villa type for sale.

(3) INFORMATION AS TO ANY IMPORTANT CHANGES IN POPULATION DURING THE PERIOD UNDER REVIEW OR ANTICIPATED IN THE FUTURE.—The comparatively extensive building operations which have been carried on during the past five years are reflected in an increase in the population. During this period no fewer than 1,157 houses have been erected and occupied.

## **(II.) Overcrowding:—**

(1) EXTENT.—Experience has shown that overcrowding is almost entirely confined to working-class property, which forms but a small proportion of the total houses in the district. Out of over 500 inspections carried out amongst small property, only 16 cases of overcrowding were met with.

(2) CAUSES.—The sub-letting of small houses and the inability to pay the higher rent of a larger house, or to obtain better accommodation, are the chief causes of overcrowding.

(3) MEASURES TAKEN OR CONTEMPLATED FOR DEALING WITH OVERCROWDING.—Where possible, families occupying overcrowded rooms or premises are given accommodation in Council houses.

(4) PRINCIPAL CASES OF OVERCROWDING DURING THE YEAR 1925, AND ACTION TAKEN.—Of 16 cases of overcrowding, 9 occurred in houses with five rooms and 7 in houses with four rooms.

Case 1.—Nine inmates (4 under 10 years of age)—two families; two bedrooms, two living-rooms; overcrowding partly abated,



Case 2.—Ten inmates (5 under 10 years of age)—two families; two bedrooms, two living-rooms; one family found other accommodation.

Case 3.—Ten inmates (2 under 10 years of age)—two families; three bedrooms, two living-rooms; one family accommodated in a Council house.

Case 4.—One family of four (2 under 10 years of age) occupying one room only in a five-roomed house, for living and sleeping; overcrowding still exists; (two other families occupy four rooms, but are not overcrowded).

Case 5.—One family of eleven persons (3 under 10 years of age); two bedrooms, two living-rooms; unable to pay rent for larger house.

Case 6.—Thirteen inmates (5 under 10 years of age)—three families; three bedrooms, two living-rooms; two families accommodated in Council houses.

Case 7.—One family of twelve persons (5 under 10 years of age); three bedrooms, two living-rooms; overcrowding abated by re-arrangement of sleeping accommodation.

Case 8.—Eight inmates (all over 10 years of age)—two families; three bedrooms, one large living-room; one family has removed from the district.

Case 9.—One family of nine persons, all over 10 years of age; three bedrooms, two living-rooms; accommodated in a Council house.

Case 10.—One family of ten persons (5 under 10 years of age); two bedrooms, two living-rooms; accommodated in a Council house.

Case 11.—Ten inmates (4 under 10 years of age)—two families; two bedrooms, two living-rooms; one family accommodated in a Council house.

Case 12.—Eleven inmates (7 under 10 years of age)—two families; two bedrooms, two living-rooms; one family found other accommodation.

Case 13.—Twelve inmates (2 under 10 years of age)—two families; three bedrooms, two living-rooms; one family accommodated in a Council house.

Case 14.—One family (3 under 10 years of age); three bedrooms, two living-rooms; overcrowding abated by re-arrangement of sleeping accommodation.

Case 15.—Nine inmates—two families, one of seven persons (3 under 10 years of age) and one of two persons, the family of seven sleeping in one room; overcrowding abated by family of two persons (husband and wife) removing elsewhere, leaving the other family, who were lodgers, as tenants of the whole house.

Case 16.—Twelve inmates (4 under 10 years of age)—two families; three bedrooms, two living-rooms; both families removed from district.

### **(III.) Fitness of houses :—**

(1) (a) GENERAL STANDARD OF HOUSING IN THE AREA.—The large majority of houses in the District are well-built villas, kept, for the most part, in good repair.

(b) GENERAL CHARACTER OF DEFECTS FOUND TO EXIST IN UNFIT HOUSES.—These are chiefly dampness and want of cleansing, and are found more frequently in the older and smaller properties.

(c) HOW FAR DEFECTS ARE DUE TO THE LACK OF PROPER MANAGEMENT AND SUPERVISION BY OWNERS, OR TO ACTS OF WASTE OR NEGLECT BY TENANTS.—This dampness is mainly due to leaky roofs and defective eaves guttering. The want of cleansing is the natural result of occupation, and both indicate certain lack of supervision on the part of owners.

Tenants, with few exceptions, are careful and mindful of their obligations, whereas some owners appear to rely upon the periodical inspections by the Sanitary Inspector for keeping them advised of the condition of their houses, rather than investigating for themselves.

(2) GENERAL ACTION TAKEN AS REGARDS UNFIT HOUSES UNDER—

- |                            |  |
|----------------------------|--|
| (a) THE PUBLIC HEALTH ACTS | } Detailed statistics as to action under these Acts are given in tables set out below. |
| (b) THE HOUSING ACTS       |  |

(3) DIFFICULTIES FOUND IN REMEDYING UNFITNESS, SPECIAL MEASURES TAKEN, ETC.—The service of a preliminary or informal notice under the Public Health or Housing Acts is generally found to be sufficient. A system is in operation under which owners are interviewed, and suggestions made or advice given as to the management of their property, where such action is desirable. During inspection of houses, tenants are apprised of their responsibilities as opportunity occurs.

(4) CONDITIONS, SO FAR AS THEY AFFECT HOUSING, AS REGARDS WATER SUPPLY, CLOSET ACCOMMODATION AND REFUSE DISPOSAL, TOGETHER WITH MEASURES TAKEN DURING THE YEAR IN THESE MATTERS.—The water supply is through the Metropolitan Water Board's mains. A large number of houses are provided with a draw tap, connected directly with the main, in addition to the supply from a storage cistern. The closets are on the water carriage system to the Council's sewers. House refuse is disposed of by burning at the Council's destructor.

**(IV.) Unhealthy Areas:—**

There are no unhealthy areas.

**(V.) Byelaws relating to houses let in lodgings, and to tents, vans, sheds, etc.:—**

(1) AS TO WORKING OF EXISTING BYELAWS.—These are quite satisfactory.



(2) AS TO NEED FOR NEW BYELAWS OR REVISION OF EXISTING BYELAWS.—There appears to be no need at present.

**(VI.) General and Miscellaneous:—**

Action in connection with overcrowding and insanitary property has been outlined above. Householders, where necessary, are informed as to the proper use of household fittings. Advice as to the disposal of household refuse is disseminated by leaflets distributed from house to house. The installation of gas fires and gas coppers renders the burning of household refuse in the home increasingly difficult.

**Housing Statistics for the Year 1925.**

**NUMBER OF NEW HOUSES ERECTED DURING THE YEAR:—**

(a) Total (including numbers given separately under (b) ) ... ..	552
(b) With State assistance under the Housing Acts,	
(i.) By the Local Authority... ..	71
(ii.) By other bodies or persons ... ..	2

**1.—Unfit Dwelling-houses.**

**INSPECTION.**

(1) Total Number of Dwelling-houses Inspected for Housing Defects (under Public Health or Housing Acts) ... ..	502
(2) Number of Dwelling-houses which were Inspected and recorded under the Housing (Inspection of District) Regulations, 1910	331
(3) Number of Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	Nil



(4) Number of Dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ...	361
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## II.—Remedy of Defects without service of formal notices.

Number of defective Dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	302
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## III.—Action under Statutory Powers.

### A. Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of Dwelling-houses in respect of which notices were served requiring repairs	Nil.
(2) Number of Dwelling-houses which were rendered fit—	
(a) By Owners ... ..	Nil.
(b) By Local Authority in default of Owners ... ..	Nil.
(3) Number of Dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ..	Nil.

### B. Proceedings under Public Health Acts.

(1) Number of Dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	29
(2) Number of Dwelling-houses in which defects were remedied—	
(a) By Owners ... ..	27
(b) By Local Authority in default of Owners ... ..	2

C. Proceedings under Sections 11, 14 and 15 of  
the Housing Act, 1925.

(1)	Number of representations made with a view to the making of Closing Orders	...	Nil.
(2)	Number of Dwelling-houses in respect of which Closing Orders were made	... ..	Nil.
(3)	Number of Dwelling-houses in respect of which Closing Orders were determined, the Dwelling-houses having been rendered fit		Nil.
(4)	Number of Dwelling-houses in respect of which Demolition Orders were made...	...	Nil.
(5)	Number of Dwelling-houses Demolished in pursuance of Demolition Orders	...	Nil.
(6)	Number of Dwelling-houses Closed Voluntarily		9
(7)	Number of Dwelling-houses Demolished Voluntarily	... ..	3

## ANNUAL REPORT

*On the Administration of the Factory and Workshop Act, 1901, in connection with*

**Factories, Workshops, Laundries, Workplaces and Homework.****1.—INSPECTION.**

**Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.**

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including Factory Laundries) .. ..	54	1	—
Workshops (including Workshop Laundries) ..	127	7	—
Workplaces (other than Outworkers' premises, included in Part 3 of this Report) .. ..	53	—	—
Total .. .. .	234	8	—

**2.—DEFECTS FOUND.**

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
(1)	(2)	(3)	(4)	(5)
<i>Nuisances under the Public Health Acts :—*</i>				
Want of Cleanliness .. ..	5	5	—	—
Want of Ventilation .. ..	2	2	—	—
Overcrowding .. ..	—	—	—	—
Want of Drainage of Floors .. ..	—	—	—	—
Other Nuisances .. ..	—	—	—	—
†Sanitary { Insufficient .. ..	—	—	—	—
Accommodation { Unsuitable or Defective .. ..	1	1	—	—
	—	—	—	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of Underground Bakehouses (s. 101) .. ..	—	—	—	—
Breach of special sanitary requirements for Bakehouses (ss. 97 to 100) .. ..	—	—	—	—
Other Offences .. ..	—	—	—	—
(Excluding offences relating to outwork which are included in Part 3 of this Report).				
Total .. ..	8	8	—	—

\* Including those specified in Sections 2, 3, 7, and 8 of the Factory and Workshop Act as remediable under the Public Health Acts.

† Section 22 of the Public Health Acts (Amendment) Act, 1890, was adopted in 1890.

### 3.—HOME WORK.

[illegible]

#### 4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)	Number. (2)	Class. (1)	Number. (2)
Workshop Bakehouses	18	Matters notified to H.M. Inspector of Factories :— Failure to affix Abstract of the Factory and Workshop Act (s. 133)	..
Laundries ..	6	Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	..
Other Workshops ..	104	Other .. .. .	..
Total number of workshops on Register ..	128	Underground Bakehouses (s. 101) :— Certificates granted during the year In use at the end of the year	.. .. ..

## 5.—OTHER MATTERS.

Class. (1)	Number. (2)
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133)	..
Action taken in matters referred by H.M. Inspector	..
as remediable under the Public Health Acts, but	..
not under the Factory and Workshop Act (s. 5)	..
Other	..
Underground Bakehouses (s. 101) :—	..
Certificates granted during the year	..
In use at the end of the year	..

W. C. KILBY, M.S.I.A., A.R.S.I..

Senior Sanitary Inspector.